



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

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MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF
DEPUTY ASSISTANT SECRETARY OF DEFENSE (C&PP)

SUBJECT: Department of Defense Policy for Prioritizing Delivery of Medical Care during Pandemics and Other Public Health Emergencies of National Significance

Public health emergencies of national significance such as an influenza pandemic will result in surge requirements that overwhelm the response capacity, capability, and resources of both medical facilities and health care providers. Under these conditions, alternate standards of care will be adopted, and difficult decisions regarding the allocation of limited resources will be required.

The Military Health System (MHS) will adopt the following framework for the delivery of medical care during pandemics and other public health emergencies and will incorporate it into all aspects of planning for these emergencies.

The MHS direct care system has two primary objectives. The first is to support the national security mission and the second is to provide care for TRICARE Prime and TRICARE Plus enrolled beneficiaries with Military Treatment Facility (MTF) primary care managers. Other objectives of the direct care system have lesser priority. It is DoD policy that MTF Commanders will fulfill both of these primary objectives. Under emergency conditions, the allocation of resources may not be based solely on medical necessity or risk, but also may be based on operational or other national security requirements, as directed by the President or Secretary of Defense. Some uniformed personnel, for example, may receive a higher level of care due to operational requirements, independent of their immediate medical risk. This does not preclude the responsibility to continue to care for beneficiaries enrolled with MTF primary care managers. These beneficiaries have an understandable expectation of continued access to their primary care.

Commanders of MTFs are directed to make public health emergency plans to meet surge requirements related to the two primary missions. Commanders will make arrangements that ensure that the minimum level of care provided to all enrolled beneficiaries is, at the very least, comparable to local community standards in the context

HA POLICY: 08-010

of the public health emergency. Such arrangements may include special work schedules, increased use of reserve component members, intermittent employees, reemployed annuitants, contractor personnel, and volunteers, and coordination with the TRICARE managed care support contractor. Planning to ensure for the smooth transition of care for MTF-enrolled patients by non-DoD providers, to the extent that is necessary, must be accomplished well in advance of emergency conditions and the agreed-upon arrangements clearly communicated to all enrolled beneficiaries. Determination of critical personnel, rather than blanket policies affecting all Service members in an area of responsibility, will help meet the two seemingly conflicting objectives affecting mission requirements and beneficiary care. This will require a critical analysis at local levels of what represents a critical role. To fully manage expectations and appropriately educate the beneficiary population on the emergency response plan relating to access to care, it is imperative that risk communication messages and products include instructions pertaining to where to receive care in the event of a public health emergency.

As in any mass casualty event, when resources are inadequate, the adoption of altered community standards of care will be required. In non-deployed settings, the standard of care, at the very least, should be comparable to local civilian community standards. In many settings, the standard of care may exceed that of the local civilian community. In deployed settings, the altered standard of care will not necessarily mirror that of the host nation but will be based on available assets and requirements consistent with preexisting medical triage practice.

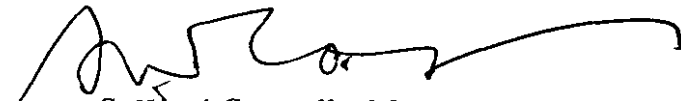
When all available resources are insufficient to meet the health care needs of beneficiaries in a public health emergency, the MHS shall use the limited resources to achieve the greatest good for the greatest number. Under these circumstances, "good" is defined as lives saved and suffering alleviated. In an environment of insufficient resources, MHS commanders shall not require expenditure of resources if treatment likely would prove futile or if a disproportionate amount of assets would be expended for one individual at the cost of many other lives that otherwise could be saved. MHS commanders are to ensure the most competent medical authority is available, at the lowest level of command possible, to make medical judgments of this nature.

Decisions involving triage for care and the allocation of medical supplies also must take into account the values of personal rights and fairness to all. Critical mission requirements may require allocation of resources based on operational rather than medical risk. MTFs will provide care to their enrolled populations as noted previously. Other eligible beneficiaries are expected to seek care at the facilities where they routinely receive primary care. MTF commanders must communicate regularly and clearly on the resource limitations that exist at their facilities to maximize the communities' effective response to a public health emergency. Access to MTF care will comply with the

beneficiary group priority list at 32 CFR 199.17. However, availability of care is always subject to mission requirements directed by the President or Secretary of Defense.

Commanders and health care providers throughout DoD need to engage in ongoing planning and decision-making consistent with this general policy and responsive to changing local conditions. They must effectively communicate those decisions to each other and the community before emergencies, as well as during emergencies when conditions change. Conditions affecting decisions include, but are not limited to, availability of health care providers and resources such as pharmaceuticals, ventilators, and hospital beds, all in the context of evolving disease characteristics on target and at-risk populations. A decision made in one area may not be appropriate for another due to conditions such as population demographics, susceptibility, capacity, and resources. A discussion of planning challenges, including ethical issues, is in the Agency for Healthcare Research and Quality document “Mass Medical Care with Scarce Resources” (2007) (www.ahrq.gov/research/mce/).

All levels of command and health care providers will incorporate these principles in developing their pandemic response plans and in determining the allocation of limited medical resources.



S. Ward Casscells, MD

DOCUMENT MANAGEMENT DIVISION

REQUEST FOR POSTING OFFICIAL GUIDANCE ON THE WEB

Subject: DoD Policy for ^{Prioritizing} ~~Efficient~~ Delivery of Medical Care
During Pandemics and Other Public Health Emergencies of
National Significance

DOCS Open: 153946, 154290

Action Office/Action Officer: LTC Wayne Hachey

Phone: 703-575-2669

CHIEF OF STAFF DECISION:

Upon signature, post official guidance on the MHS Web site.

Approved:  7.31

Disapproved: _____